

[Participant Identification Number: this will be added by Researcher or Electronic consent platform following consent and may not appear for the participant during the online consent process]

Consent Form for HCW Interview (Workpackage 4)

STUDY TITLE: United Kingdom Research study into Ethnicity And COVID-19 outcomes in Healthcare workers: Increasing retention of healthcare staff from ethnic minority groups (UK-REACH-I-CARE)

Please initial box

[Note where this form is used for electronic consent a yes/ no drop down box prefilled with NO will be used in place of the initial box to ensure active affirmation of consent.]

1. I confirm that I have read and understood the Participant Information Sheet dated(version) for the above study.
2. I have been given the opportunity to consider the information provided, ask questions and have had these questions answered to my satisfaction.
3. I understand that my participation is voluntary and that I can ask to withdraw at any time without giving a reason and without my legal rights being affected.
4. I understand that relevant sections of the data collected during the study, may be looked at by individuals from the University of Leicester and regulatory authorities for audit purposes and check the research was conducted ethically. I give permission for these individuals to have access to data collected from my participation.

5. I understand that information collected about me may be shared anonymously with other researchers who are collaborating on this research.
6. I agree to the interview being recorded and understand that the recording will be transcribed and anonymised by a professional transcriber..
7. I agree that anonymous quotes and findings will be used in formal research outputs.
8. I understand that my anonymised data will be stored for up to 6 years after the project and may be used in future ethically approved research.

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9. I agree to be re-contacted for further research (*Optional*).

Yes	No
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10. I agree to receive a summary of findings (*Optional*).

Yes	No
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11. I agree to take part in this study.

☐

Name of person giving consent

Date

Signature

timestamp if consent taken electronically]

[Signature will be replaced with a

Name of person taking consent

Date

Signature

[Person taking consent will be omitted if consent takes place online via UK-REACH digital platform.]

2 copies to be signed: 1 for participant; 1 for researcher [if consent taken online a 'print or save my form' button will appear]